

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Robert A. Bettigole, et al.

Title:

PRESTRESSED OR POST-

TENSION COMPOSITE STRUCTURAL SYSTEM

Appl. No.:

Unknown

Filing Date:

Unknown

Examiner:

Unknown

Art Unit:

Unknown

CERTIFICATE OF EXPRESS MAILING
I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Commissioner for Patents, PO Box 1450, Alexandria, Virginia 22313-1450.

EL978985333US December 1, 2003
(Express Mail Label Number) (Date of Deposit)

Jeanne M. Johnson
(Printed Name)

Jeanne M. Johnson
(Signature)

UTILITY PATENT APPLICATION TRANSMITTAL

Mail Stop PATENT APPLICATION
Commissioner for Patents
PO Box 1450
Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the nonprovisional utility patent application of:

Robert A. Bettigole 60 Long Pond Road Lakeville, Connecticut 06039

Christopher Higgins 3613 SW Williamette Avenue Corvalis, Oregon 97333

[] Applicant claims small entity status under 37 CFR 1.27.

Enclosed are:

- [X] Specification, Claim(s), and Abstract (20 pages).
- [X] Formal drawings (6 sheets, Figures 1, 2, 2A, 3, 3A, 4, 5, 6, 7. 8, 9).

[X]		Unexecuted Declaration and Power of Attorney (4 pages).						
[]	Assignment of the invention to Exodermic Bridge Deck, Inc						
[]	Assignment Recordation Cover Sheet.						
[]	Small Entity statement.						
[]	Request for application not to be published with certification under 35 USC 122(b)(2)(B)(i).						
[]	Information Disclosure Statement.						
[]	Form PTO/SB/08 with copies of listed reference(s).						
[>	ζ]	Application Data Sheet (37 CFR 1.76) (4 pages).						
[]	Claim for Convention Priority.						

The filing fee is calculated below:

	Claims		Included	Extra	1	Rate		Fee
	as Filed		in	Clair	ns			Totals
			Basic Fee					• •
Basic Fee				•		\$770.00	=	\$770.00
Total	23	-	20	= 3	x	\$18.00	=	\$54.00
Claims:								
Independents	3	-	3	= 0	x	\$86.00	=	\$0.00
:					•			
If any Multiple Dependent Claim(s) present: + \$290.00								\$0.00
Surcharge und	_	\$130.00						
Executed Dec								
						SUBTOTAL:	=	\$954.00
[]	•	Sm	all Entity	Fees Appl	y (subtr	(subtract ½ of above):		\$0.00
	=	\$954.00						

- [] A check in the amount of \$0.00 to cover the filing fee is enclosed.
- [X] The required filing fees are not enclosed but will be submitted in response to the Notice to File Missing Parts of Application.

[] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 06-1447. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 06-1447.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Date

Date 10/10

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Respectfully submitted,

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